ProviderOne Performance
5/9/10 – 05/01/11

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  - Near normal claim and payment volumes

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ProviderOne Successes

- **Processed 35.9 M claims**

- **Paid over $5.3 B to providers and health plans**
  - On track for projected annual payments of at least $5.3 B

- **Increasing number of providers paid each week**
  - Approximately 6,100 providers paid each week
  - Only 1,300 providers tested before implementation

- **Increasing number of claims paid each week**
  - 66% claims resulted in paid status in recent weeks
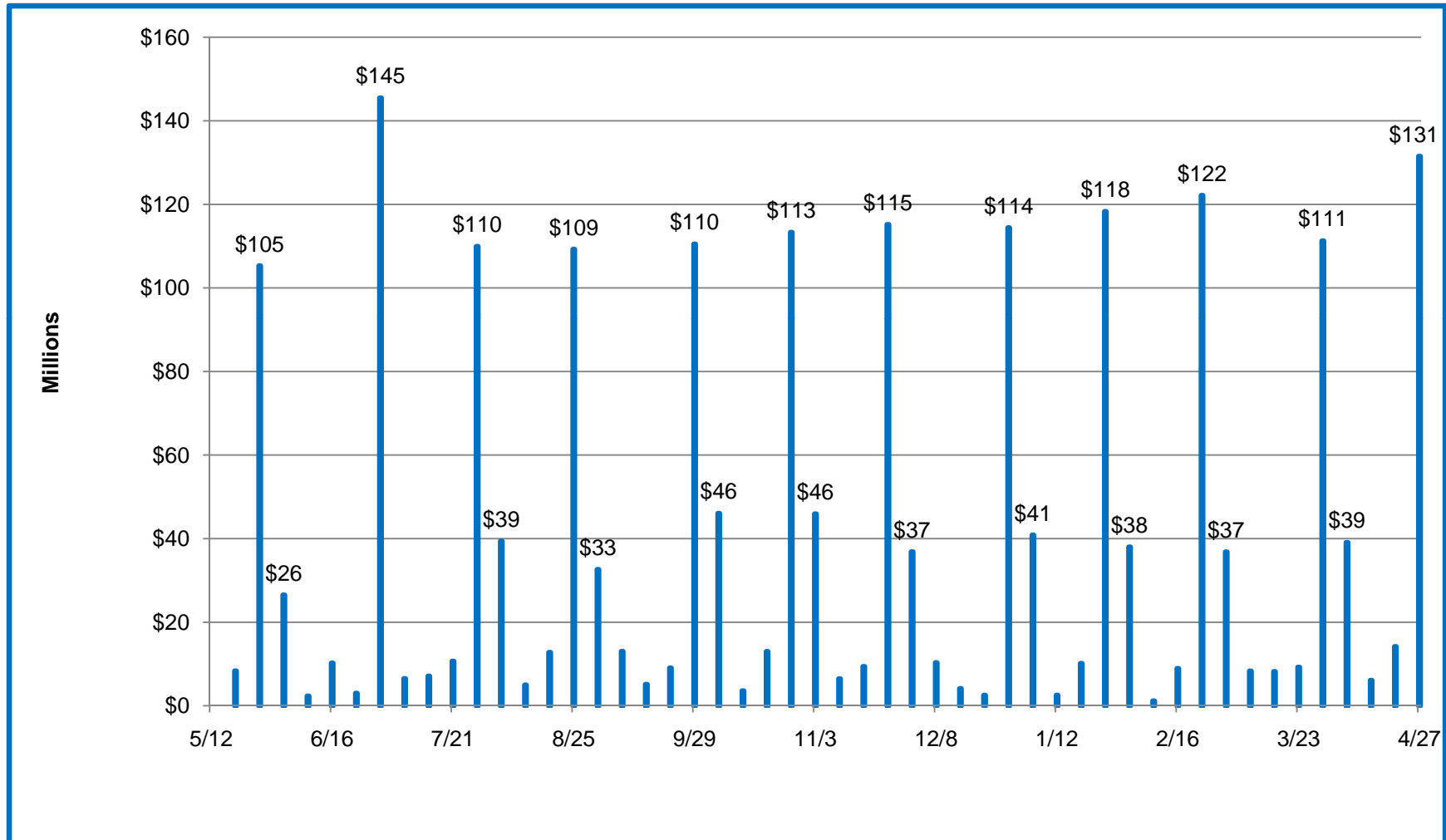 - Previous system average was 70%

Weekly Fee for Service Payments
(in Millions)
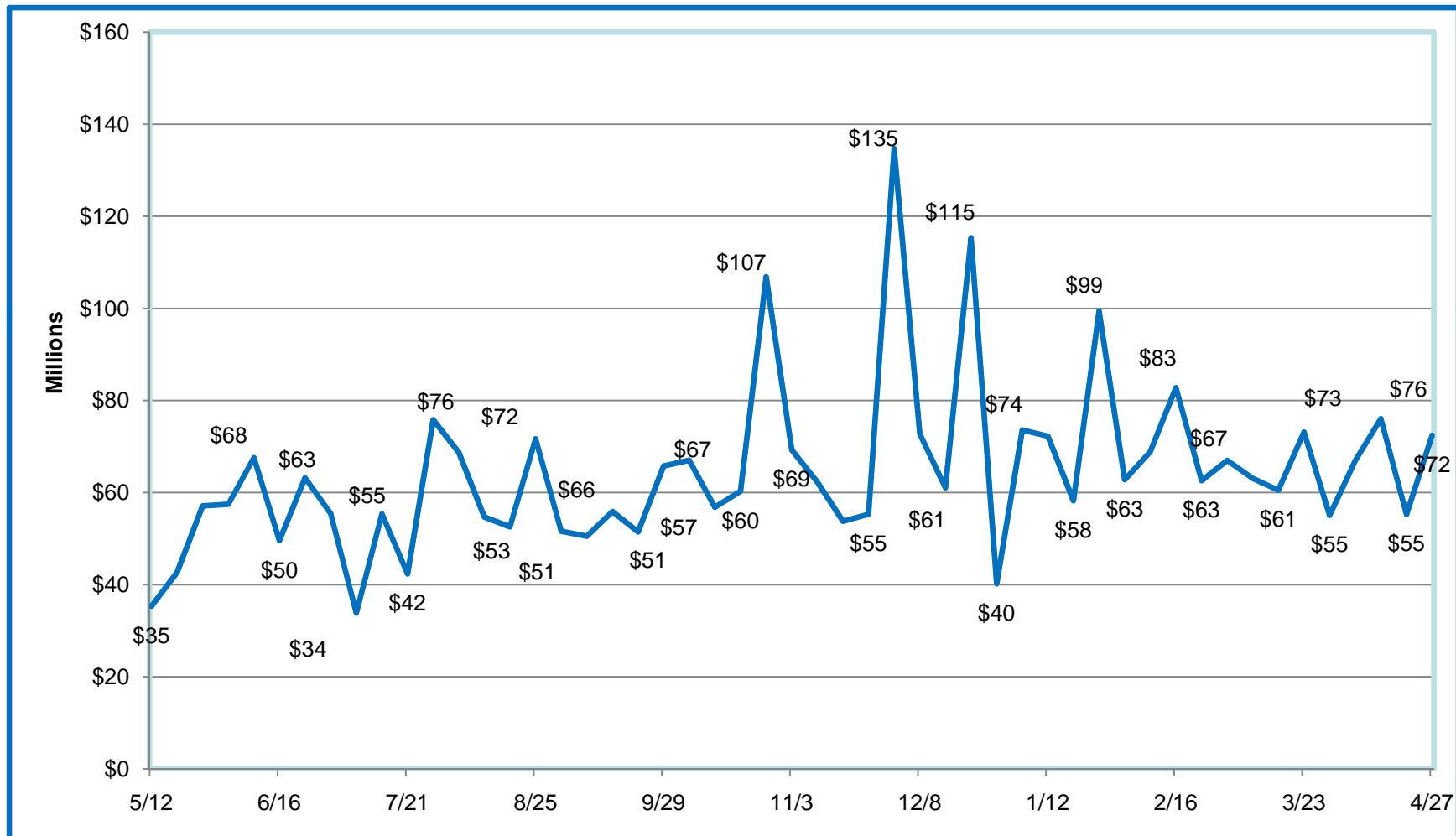
Note: $65 M per week is "normal" fee for service payment

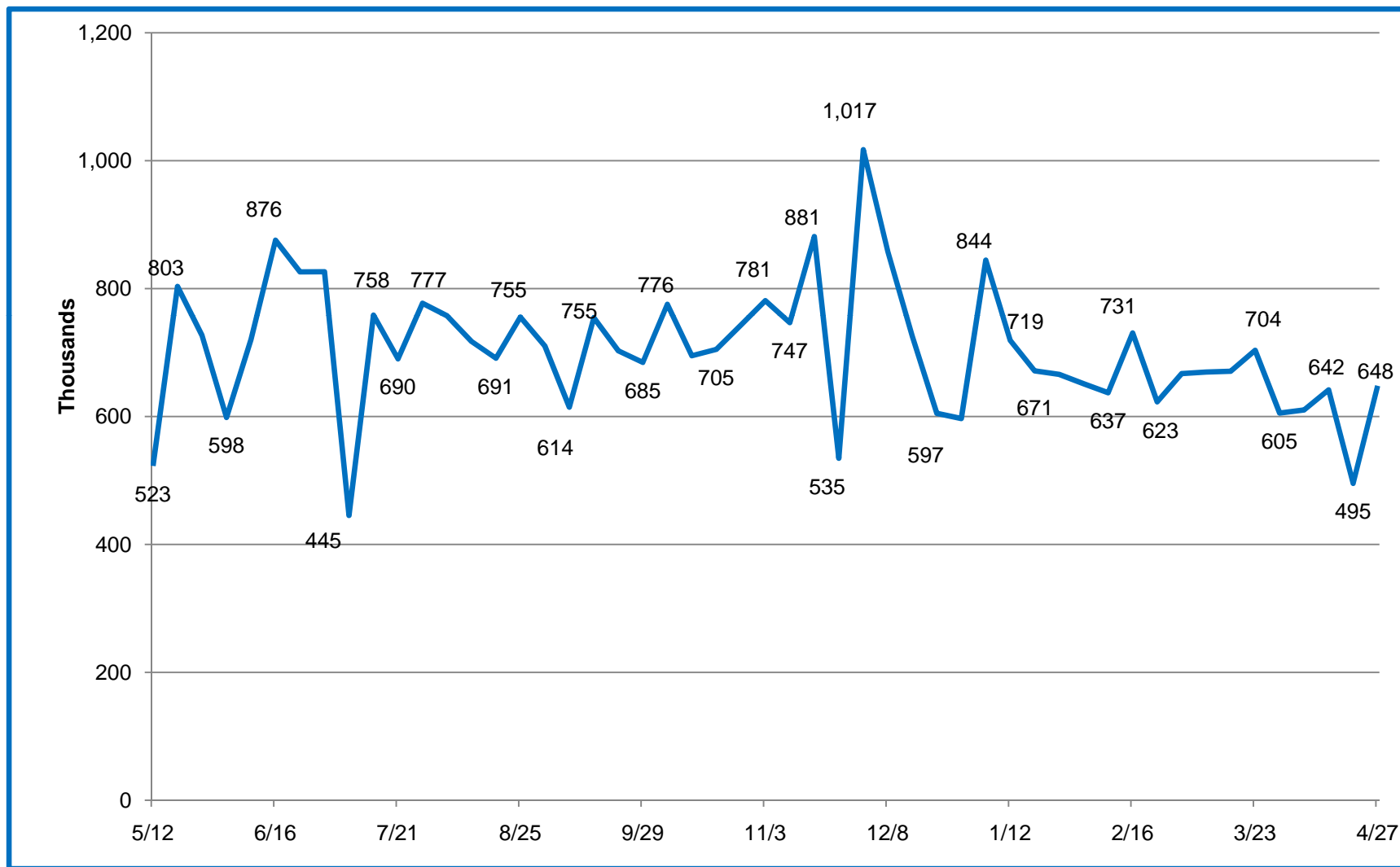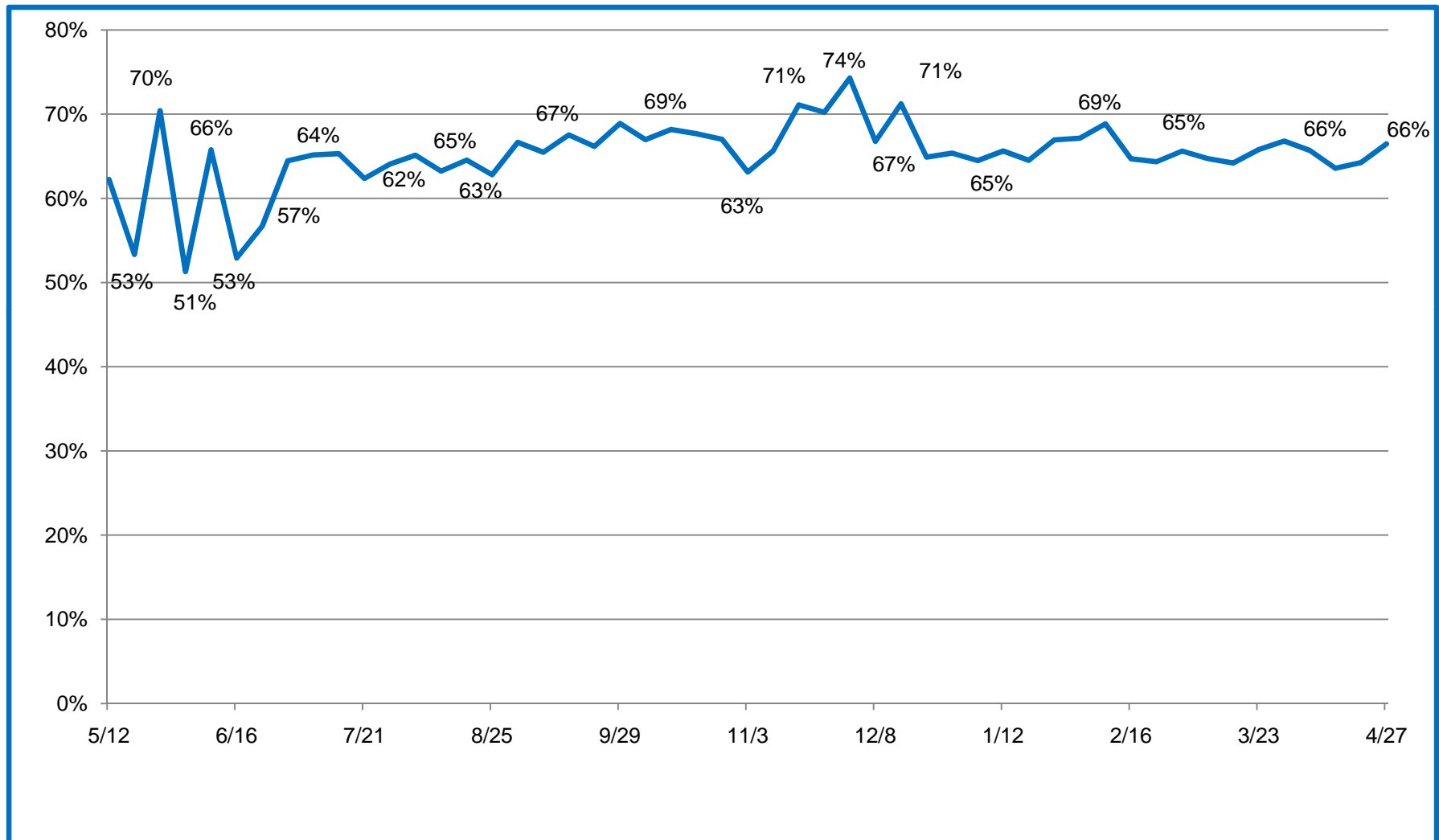# Weekly Managed Care Payments (in millions)

Note: Normal month end premiums (spikes) with weekly updates

Weekly Claim Volume (in thousands)

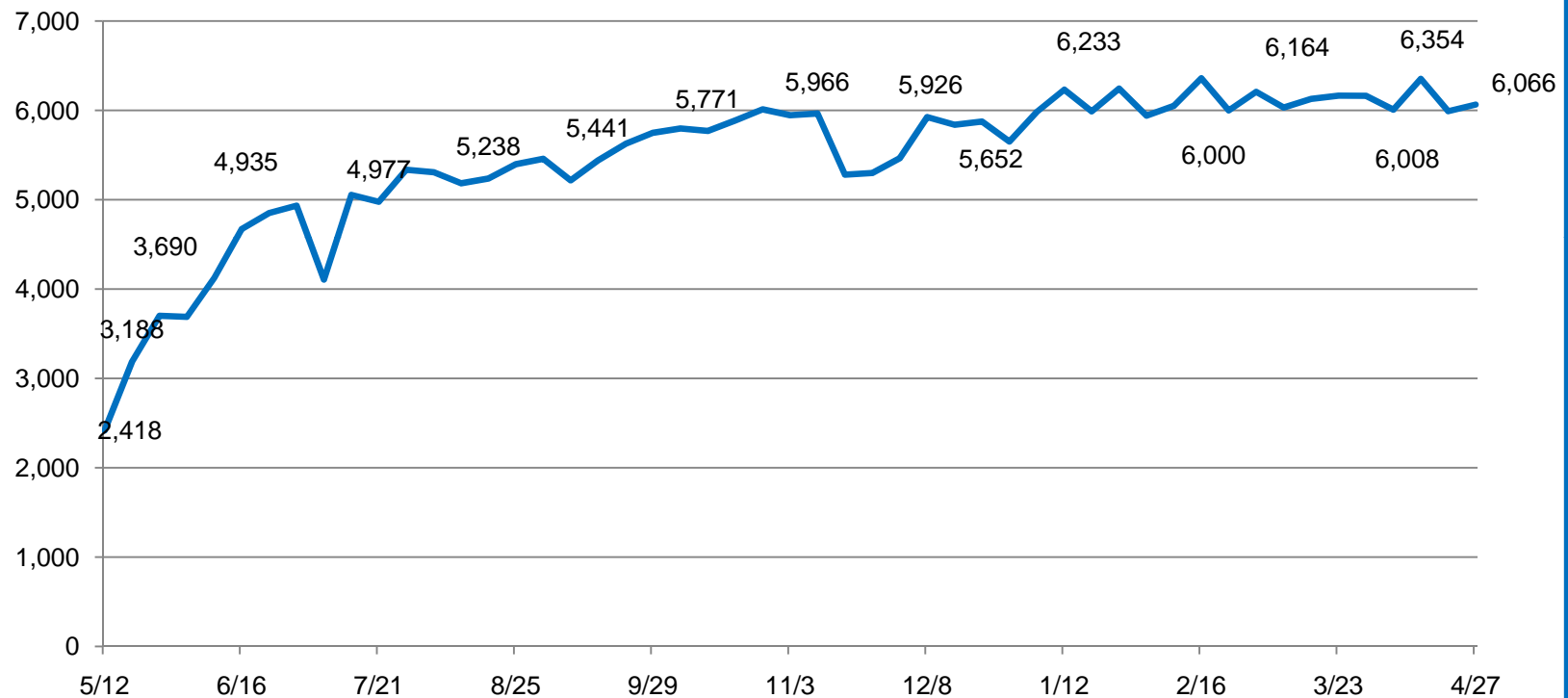**Note: Weekly claim volume is normal**

Weekly Paid Rates

Note: Weekly paid rate historically 70%

Weekly Count Providers Paid

Note: 14,000 billing providers total; 3,800 represent 90% of annual claims paid

05/01/11

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Call Center Wait Times

	Client	Provider
January 2011	26.2 minutes	24.3 minutes
February 2011	27.4 minutes	32.4 minutes
March 2011	18.9 minutes	29.0 minutes
April 2011	18.5 minutes	22.8 minutes

These numbers do not include other areas answering 800 calls within MPA.

ProviderOne Challenges

Claims Disposition

Current Disposition	Count (million)	%
1) Paid Claims	23.41	64.9%
2) Denied Claims	12.54	34.8%
3) Paper Claims – to be loaded	.02	.1%
4) In Process Claims – to be reviewed	.08	.2%
Total Claims Received:	**36.05**	**100.0%**

- **Biggest issue with claim "backlogs" (.3% of total claims received to date)**
  - <u>Paper claims</u>: require human review before loading when they don't pass Optical Character Recognition (OCR) confidence levels
  - <u>In process claims</u>: require human review to determine paid or denied (generally more complex claims since 85% of claims adjudicate automatically without staff review)

Paper Claims

■■ **Goals**

– Reduce paper claims backlog to 75,000 by end of June

– Achieved above goal – focus turns to analysis of resource needs for ongoing operations
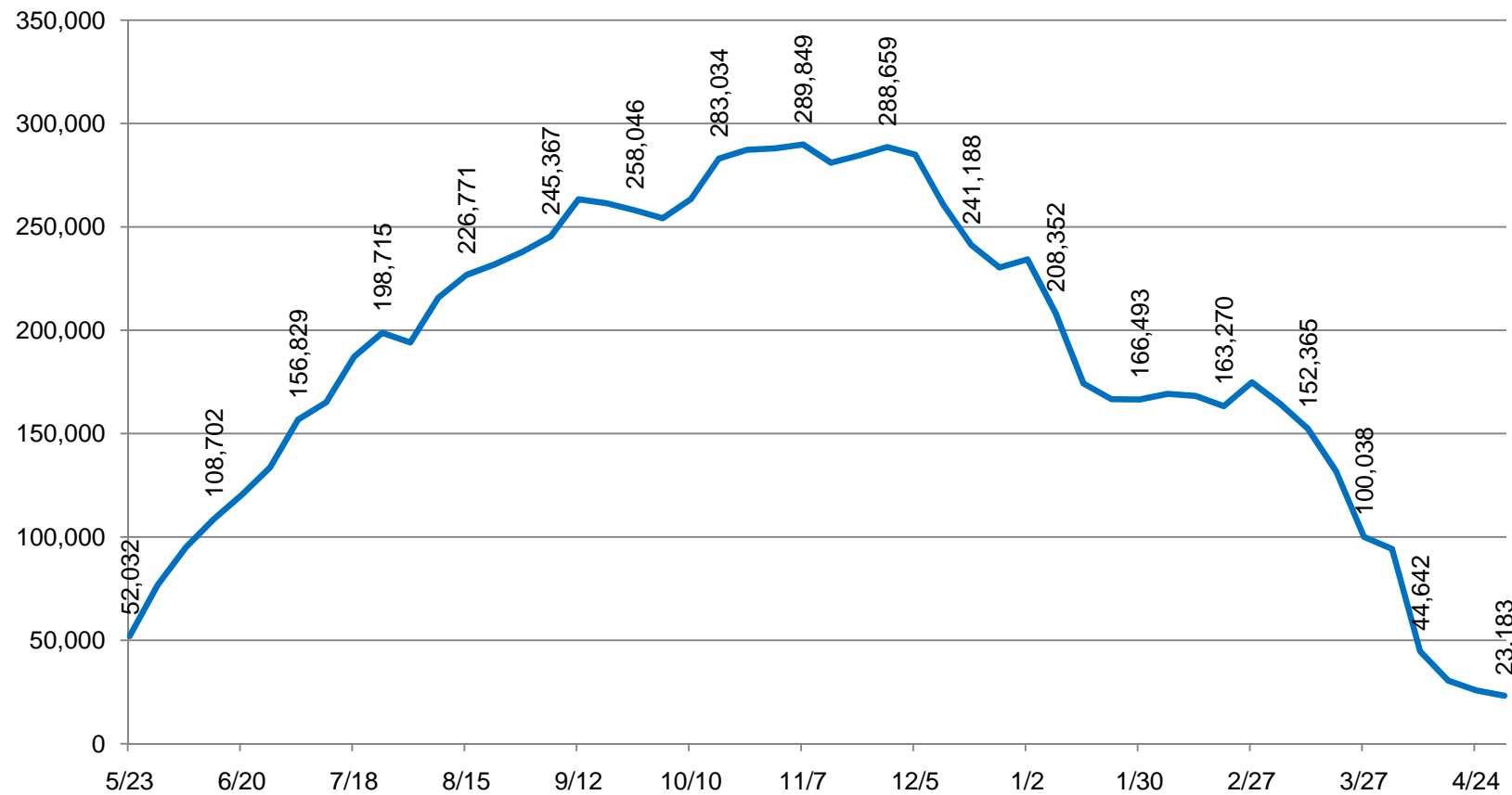
■■ **Successes**

– Reduced backlog from nearly 290,000 to 23,000

■■ **Strategies for Completion**

– Staff from HCA deployed to assist (started 3/14)

– Implement a modified "double shift"

– Continue software tuning of imaging confidence levels and data mapping

Paper Claims Backlog - Trends

In-Process Claims

Goal

- Reduce in-process claims backlog to 75,000 by end of June
- Goal updated from February per CMS approval of request to extend prompt pay requirements to 6/30/11

Successes

- Reduced backlog from nearly 290,000 to 85,000

Strategies for Completion

- Tuned priority edits for automation efficiencies – enhancements continue
- Implemented navigational "hot keys" for staff efficiencies
- Provided supplemental staff training on more complex edits

In Process Claims - Trends